FORM TO BE USED BY A PRISONER IN FILING A COM	PLAINT-	1
FORM TO BE USED BY A PRISONER IN FILING A COMMUNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983		

Chauncey Millips

In the United States District Court For the Western District of Michigan 03 AVG 28 PH 12: 56

(Enter above the full names of all plaintiffs, including prisoner number, in this action.)

Prosecutor For DEt. Mich.

(Enter above the full name of the defendant or defendants in this action.)

5:03CV0124

Gordon J. Quist U.S. District Judge

Hugh W. Brenneman, Jr. U.S. Magistrate Judge

Instructions for Filing a Complaint by a Prisoner Under the Civil Rights Act, 42 U.S.C. § 1983

This packet includes three copies of a complaint form. To start an action, you must file an original complaint and one copy for the court. You should also keep an additional copy of the complaint for your own records. All copies of the complaint must be identical to the original. If the court determines that the complaint should be served on one or more defendants, the court will specifically order you to provide further copies for this purpose. Until ordered to do so, do not submit to the court copies of the complaint or exhibits for purposes of service on defendants. The clerk of the court will not file your complaint unless it conforms to these instructions and to these forms.

In order for this complaint to be filed, it must be accompanied by the filing fee of \$150.00. In addition, the United States Marshal will require you to pay the cost of serving the complaint on each of the defendants.

If you are unable to prepay the filing fee and service costs for this action, you must petition the court to proceed in forma pauperis by completing and signing the attached affidavit in support of application. You must also have an authorized officer at the penal institution complete the certificate as to the amount of money and securities on deposit to your credit in any account in the institution. If the court grants you leave to proceed in forma pauperis, you will still be required to pay the \$150.00 filing fee through an initial partial filing fee and through monthly installments.

Your complaint must be legibly handwritten or typewritten. You, the plaintiff(s), must sign and date the complaint on the lastpage. If you need additional space to completely answer a question, you must attach additional pages.

Your complaint can be brought in this court only if one or more of the named defendants is located within this district. Further, you must file a separate complaint for each claim that you have unless they are all related to the same incident or issue.

You are required to furnish, so that the United States Marshal can complete service, the correct name and address of each person you have named as defendant. A PLAINTIFF IS REQUIRED TO GIVE INFORMATION TO THE UNITED STATES MARSHAL TO ENABLE THE MARSHAL TO COMPLETE SERVICE OF THE COMPLAINT UPON ALL PERSONS NAMED AS DEFENDANTS.

You will note that you are required to give facts. THIS COMPLAINT SHOULD NOT CONTAIN LEGAL ARGUMENTS OR CITATIONS.

When these forms are completed, mail the original and copies to the Clerk of the United States District Court for the Western District of Michigan at any of the addresses below:

U.S. District Court 399 Federal Building 110 Michigan St., NW Grand Rapids, MI 49503 U.S. District Court 229 Federal Building P.O. Box 698 Marquette, MI 49855

U.S. District Court B-35 Federal Building 410 W. Michigan Ave. Kalamazoo, MI 49007 U.S. District Court 113 Federal Building 315 W. Allegan Lansing, MI 48933

(Last Revised: May 2003)



COMPLAINT

I.	Previous	Lawsuits
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CAUTION: The Prison Litigation Reform Act has resulted in substantial changes in the ability of incarcerated individuals to initiate lawsuits in this and other federal courts without prepayment of the required \$150 filing fee. Accurate and complete responses are required concerning your litigation history. Generally, a plaintiff's failure to accurately and completely answer the questions set forth below will result in denial of the privilege of proceeding in form a pauperis and require you to pay the entire \$150 filing fee regardless whether your complaint is dismissed.

	is di	smissed.
	A.	Have you ever filed a lawsuit while incarcerated or detained in any prison or jail facility? Yes ☐ No ☐
	В.	If your answer to question A was yes, for each lawsuit you have filed you must answer question 1 through 5 below. Attach additional sheets as necessary to answer questions 1 through 5 below with regard to each lawsuit.
		1. Identify the court in which the lawsuit was filed. If it was a state court, identify the county in which the suit was filed. If the lawsuit was filed in federal court, identify the district within which the lawsuit was filed.
		2. Is the action still pending? Yes □ No □ a. If your answer was no, state precisely how the action was resolved: □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
		WAS NO CASE OF ACTION.
		3. Did you appeal the decision? Yes □ No □
		4. Is the appeal still pending? Yes □ No □
		a. If not pending, what was the decision on appeal?
		If so, explain:
II.	Place	of Present Confinement
	If the	place of present confinement is not the place you were confined when occurrence that is subject of instant lawsuit arose, ist the place you were confined:
III. Ex	chaustic	n of Administrative Remedies
	respe or an belov	FION: You are required by federal law to exhaust your available remedies on any action brought with ct to jail, prison, or other correctional facility conditions prior to bringing an action under 42 U.S.C. § 1983 y other federal law. Once again, failure to provide complete and accurate answers to the questions set forth will likely result in denial of the privilege of proceeding in forma pauperis. ATTACH COPIES OF ALL UM ENTS EVIDENCING EXHAUSTION OF REMEDIES.
	A. I	s your place of confinement a facility operated by the Michigan Department of Corrections? Yes 🗆 No 🗆
	B. I	your answer to A was yes, did you file a grievance concerning the facts set forth in this complaint? Yes 🗆 No 🗀
	1	If your answer is no, explain why a grievance was not filed:

COMPLAINT

	2. If your answer is yes, list the grievance number(s) and the date listed as "Today's Date" box on the Prisoner/Corrections Client Grievance Form:				
C.		What was the decision upon your grievance at Step I?			
	1.	If your answer above was yes, what was the Step II decision?			
		Did you appeal to Step III? Yes No I If your answer above was yes, what was the decision at Step III?			
D.	Doe	es your complaint concern a misconduct charge filed against you? Yes 🗆 No			
	1. Did you have an administrative hearing on the misconduct charge? Yes \(\subseteq \text{No } \subseteq \) If yes, what was the hearing officer's decision?				
	2.	Did you request an administrative rehearing? Yes \(\subseteq \text{No } \subseteq \) If you did request an administrative rehearing, what was the decision rendered upon rehearing?			
	3.	After rehearing, did you appeal the decision in one of the circuit courts for the State of Michigan? Yes No No a. If yes, what was the decision of the circuit court?			
		b. Did you appeal the decision of the circuit court? Yes \(\subseteq \) No \(\subseteq \) If yes, state the decisions of the Michigan Court of Appeals and Michigan Supreme Court:			
E.	If yo	our claim concerns confinement within a facility not operated by the Michigan Department of Corrections, please state in detail steps you have taken to exhaust your available state remedies prior to filing this lawsuit:			
F.	If you	Tight Judge And My Atty, FEFUSED to Follow their own rules on have taken any other steps to exhaust your state remedies, please describe in detail what steps you have taken: Udge 100: Not going to Delieve the Court Longuet They At they Do What they WANT, AND I CAN TELL WAYERE I WANT			

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Ĭ۷.	Parties
	In Item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.
	A. Name of Plaintiff CHRINCELY MAIL OS
	Address
	In Item B below, place the full name of the defendant in the first blank, his or her official position in the second blank and his or her place of employment in the third blank. Use Item C for the names, positions and place of employment of all additional defendants. Attach extra sheets as necessary. State whether your are suing each defendant in an official or personal capacity.
	B. Defendant Michigun is employed as DET. Michigun WAINE
	- Count, Strangeristor
	C. Additional Defendants VES. Object DEA.
/ .	Statement of Claim "CIEAT CUT! SEE RECORDS.
	State here, as briefly as possible, the facts of your case. Describe how each defendant is personally involved. Include also, the names
	of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra
	sheets if necessary.
	9 Al CHOS Prosection, The MEASON FOR this Action
	AGAINST DYDSFRUTOR MIKE DUGGUNN #1 HE LEAD THE ACTION
	DI FALSE ART DE A CHAICE TO DEFIE MY NAME AND WENT DN
	to DUNISH ME FOI NA TEASHA DEVICTION to bis AWA MILES PENDLATION
	to punish ME FOT NO TEASON ACCORDING to his own rules regulation or procedures. 2# Facing law suit now, its still they do what Ever they want and its our game, at No time dig I ever agree to or sign For Atty. #3. Law library was they without chose, was
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Date	Signature of Plaintiff
1	NOTICE TO BLA INTERIO
	NOTICE TO PLAINTIFF(S)
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The failure of a pro se litigant to keep the court apprized of an address change may be considered cause for dismissal.

Thank you